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ART. I.—ABSTRACT OF LECTURES ON THE EXCISION OF JOINTS.

BY MR. LISTON.

(Delivered October, 1838, at the University College Hospital.)

DISEASE AND EXCISION OF THE SHOULDER—DISEASE OF THE FOOT.

Excision of the joints, said Mr. Liston, was an operation which had been practised, he feared, rather indiscriminately, in cases where, perhaps, complete rest might have saved the patient the suffering and risk of an operation; or again, where the disease was so far advanced that no hope of recovery from this operation was left. It was, however, a highly advisable and successful proceeding in many cases. There was, generally speaking, little difficulty in effecting the disarticulation, the ligaments being almost destroyed; though, in the case of the elbow which was operated on the other day, there was a great deposit of new bone round the diseased part, with a condensation of the soft parts, which rendered the proceeding somewhat more difficult than usual. This deposit of new bone, as he had already remarked, would disappear by absorption after the ulcerated and unsound articulating ends were removed; further, it was not at all necessary to interfere. Young subjects might, after excision, recover some useful motion of the elbow-joint: the muscles of the neighbourhood formed new attachments, new ligaments were formed, and bone deposited. This was not to be expected in the adult, in whom it was a safer and better plan to endeavour to obtain a stiff joint at the most favourable angle.

DISEASE OF THE SHOULDER-JOINT

was of less frequent occurrence than any of the others. This disease was indicated by wasting and weakness of the affected limb; indeed, in the primary stages of the affection, the weakness was the only sign to lead to a supposition of the real state of the case. You would find the deltoid, supra spinatus, and other neighbouring muscles, wasting away, without pain or much annoyance to the patient, except when the joint was moved, so as to bring the articulatory surfaces in contact. The limb became loose, in consequence of the ligaments being softened, and there was great latitude of motion in every direction. Unless the progress of the disease was soon checked, it rapidly gained ground. The disease generally commenced in the synovial membrane, and then ulceration of the surface of the bones forming the joints took place. In the first stage of the complaint, absolute repose of the limb, by means of a sling and a splint, formed of thin skirt leather, was the proper proceeding. When pain was present, counter-

¹ Lancet, Nov. 24, 1838, p. 318.

irritants were to be employed, and repeated blisters, formed by means of the nitrate of silver, was one of the most efficient means of carrying this into effect. An issue might be formed on each side of the joint, by imposing a bit of potassa fusa, the size of a split pea, and confining it by a bit of lint and plaster for a few hours. This was quite as efficient, and much less appalling and painful, than the actual cautery in any form, moxa or other. Peas were not necessary; as dressing the part with ointment of tartarised antimony, when it was likely to heal, for an hour or two, was quite sufficient to refresh it and restore the discharge. The patient's health must also be looked to, and the preparations of iron were among the most useful. The disease, however, would frequently go on in spite of every plan, or the patient might not, as in the case of W. E. (*Lancet*, vol. i., 1838-9, p. 210), apply sufficiently early to carry these proceedings into effect; not coming under the eye of the surgeon until matter had formed in all directions, and the joint had become thoroughly disorganised. In such a case as that, means must be taken to remove the cause of the local disturbance; and as it would be cruel, under such circumstances, to amputate the limb, the operation of resection should be resorted to. This operation had been practised by Messrs. Bent, Orred, Moreau, Morel, Syme, and himself. Mr. Blackburn had alluded to the cases which he (M. L.) had treated, and complains that he could procure no satisfactory account of them, so that he might render them available in his paper. As he (Mr. L.) was settled in London at the time the paper was written, he felt rather surprised that no application had been made to him for the particulars, both of these and the operations on the elbow and other joints, which he would have willingly furnished. He had performed the operation on the shoulder three times successfully, and the parts removed were before them. The operation of excision of the shoulder was one which must vary according to the extent of the disease. In some cases it was sufficient to remove the head of the humerus; while in others, portions of the scapula must be taken away. In cases like that of W. E., the glenoid cavity was sound, but the end of the acromion and clavicle required excision. It was done in this case by means of the cross-cutting forceps, without difficulty; the saw could not be well employed in this part of the operation.

DISEASE OF THE FOOT.

The great toe was very frequently diseased; the smaller toes were not nearly so often affected; he had seen, he should think, not more than ten or twelve cases of disease in the small toes during the last fifteen years. The great toe was much more exposed to injury than any of the others. The disease commenced either in the bone itself, or in the articulation; and here were a great many specimens in which it had taken place in the metatarsal bone. Sometimes it commenced in the bone, and implicated the joint, while it often, again, commenced in the articulations, and, most frequently, in that one between the metatarsal bone and phalanx. Here is a specimen, removed a few days ago from an unhealthy lad, in whom swelling and pain on the inner part of the foot came on without any assignable cause, and a collection of matter formed. He (Mr. L.) suspected, at first sight, that the bone was diseased. The abscess was opened freely, and on introducing a probe, some days afterwards, into the wound, it was found to pass into the cancellated structure. The disease, as they might perceive, lay betwixt the head of the metatarsal bone of the great toe and the internal cuneiform bone, which was also extirpated. Here was a specimen of necrosis in the same situation. Two years ago he had delivered a lecture, which was published in *The Lancet*, on the diseases of the great toe, in which engravings of various diseased specimens, and this amongst the number, were given, and the plan of treatment to be pursued in each case was fully laid down; to this he would refer them.

He had already stated that he had seen the metacarpal bone of the thumb

removed, the organ being afterwards useless. The metatarsal bone of the great toe had also been taken out; amputation, he was now fully convinced, would have been a more advisable proceeding—one attended with much less pain. Generally speaking, the entire of the part diseased, and a portion of sound bone beyond, should be removed. The amputation might be performed at any of the articulations; or, again, it might be necessary to divide the bone in its middle, as in the disease in the metatarso-phalangeal joint. The removal of the whole of the metatarsal bone was frequently rendered imperative. Even the bone supporting that, the internal cuneiform, as they had witnessed, circumstances might demand the removal of. The cutting forceps introduced by him (Mr. L.) many years ago, into the surgical apparatus, afforded great facility in many of these operations. The sole of the foot and palm of the hand, when the use of this instrument was well understood, did not require to be encroached on; and hence there was much less trouble from hemorrhage, the plantar or palmar arches being generally uninjured.

There was often very extensive disease of the foot, involving the entire chain of bones running across it, the whole of the tarsal bones, or the articulation between them, becoming affected, from which it sometimes became necessary to remove the foot by Chopart's operation. Again, the disease might only involve one bone, as, for instance, the cuboid, or os calcis; and in some cases the joints were untouched, though, generally speaking, they were more or less affected. A common seat of the disease was in the articulation between the astragalus and os calcis, and this soon spread to the other bones and joints of the foot. In this case (showing a recent specimen) it is probable the disease commenced in the bone—the os calcis, as could be observed, was a mere wreck. It was in the synovial apparatus between the bones, on the other hand, that the disease in the patient Tuck seemed to have originated. Disease of these parts, like that in other joints, soon involved the neighbouring parts. In this case there were swelling, pain, and inability to use the limb; abscesses formed around: these burst, forming a number of sinuses, which ran across the joint, and led to the bones. In one of the cases in question, the abscess appeared between the tendo Achillis and the bones of the leg. Rest, counter-irritation, and supporting the patient's health, is the plan of proceeding in the early stages, and this must be for a long time persevered in. It was well to make the patient walk about, resting upon the knee, on a wooden leg, instead of using crutches. In advanced cases, any plan was often unavailing, the knife being at last required. When this was determined on, it would remain to be considered what would be the best plan of amputating; and this would depend, in a great measure, upon the means which the person has of getting proper apparatus. Now and then, however, in diseases of the foot, the member might be saved by a partial removal of the bones, as when the disease was situated in the cuboid bone, or calcaneum. An incision, to effect this, should be made in the external parts, and the diseased portion removed by means of a small trephine, scoop, or forceps. Sometimes a carious cavity had to be dealt with, and occasionally portions of dead bone might be taken away, with a fair prospect of permanent recovery. One or two such cases had been so treated in this hospital. Resection might be resorted to occasionally, even where the tibio-tarsal articulation was affected. He had performed this operation several times when in the north. He had, indeed, removed the whole of the ankle-joint successfully in two instances; the only inconvenience arising from the operation, consisted in the limb being rather short, and the joint stiff. He had seen those two individuals walking stoutly and well, many years after the operation, and they might be forthcoming yet perhaps. In cases of accident, where the end of the tibia, sometimes with the fibula and astragalus, had been thrown out of their place, the removal of the protruding portion was, as they must be aware, an advisable and successful proceeding, and one which had often

been practised by many good surgeons, as Park, Gooch, Hey, Sir A. Cooper, &c. &c.

They had lately witnessed a very rapid recovery after the removal of more than an inch and a half of the articulating end of the tibia. The circumstance of the fibula being entire or not (and it seldom did escape in this injury) had a considerable influence on the cure, as regarded its rapidity and the usefulness of the member. The diseases of the knee and hip-joints are still to be considered.

ART. II.—CLINICAL REMARKS ON DISEASES OF THE LUMBAR VERTEBRÆ.

BY SIR B. C. BRODIE, BART.¹

Nathaniel Jones, admitted 23d May, under Sir B. Brodie. Seven months previously he perceived a small tumour in the groin, near the femoral vessels, which has gradually increased, but without pain. After walking, the leg swells. He never had pain in the back, excepting when he took cold. The tumour is now large, but gives him no pain; he experiences no difficulty in making water; it is elastic, and pressure evidenced fluctuation in it. It was situated under Ponpart's ligament, at the upper and anterior part of the thigh. Diagnosis—lumbar abscess. Sir Benjamin made the following observations on the case:—At first sight it appears like lumbar abscess, a term which you will find in many works, and many surgeons use it without knowing precisely what it is. Mr. Abernethy attended much to this disease, and formed very erroneous notions respecting it, and from him these errors have been handed down. He supposed these abscesses to be situated in the psoas muscle; and those which arose from disease in the vertebræ he considered to be exceptions to the general rule. I was looking, this morning, into Mr. Cooper's "Dictionary of Surgery," and the same opinion is there given; and I have conversed with many surgeons who hold the same views. It is very odd, if these opinions be correct, that abscess should form in the loins. True, it may form there as well as in the posterior mediastinum; but, in this part of the body, it very rarely occurs, independently of disease in the osseous structures. I have examined many persons who have died of this disease, and I never found the vertebræ, or their connected textures, free from disease. I have notes of one abscess in the soft parts, coming forward above Pourpart's ligament. After a time a lumbricus was discharged, I suppose from ulceration of the cæcum; but then this was not a lumbar abscess. It is true, that in dissection the original disease is overlooked, but if you remove the psoas muscle, you will find some little sinus, through which a probe may be passed, leading to the seat of disease, either in the vertebra or its cartilages. Cases occur sometimes in which the disease is seated in the dorsal vertebræ; the matter makes its way through the posterior mediastinum, between the crura of the diaphragm, along the psoas muscle into the groin, but most commonly you find it presenting under the abdominal parietes. I have known a child carry about with it one of these abscesses as big as his head.

Caries of the vertebræ is best understood from dissecting those who die in the early stage of the disease, and if you look out for these cases you will find plenty of them. You will sometimes find, where the disease is not much advanced, the bones and cartilages softened only. In another case, you will find increased vascularity added to this; and, in a third instance, ulceration in all its stages, either in front of the bone or at the side. Sometimes you will find the bone hard, and the cartilages brown and very brittle, and ulceration will commence in them first and extend to the bone; or you may find the bone in a state of chronic inflammation, dark,

¹ *Lancet*, Nov. 24, 1838.

and very vascular, with ulceration occurring at the union between the bone and cartilage. The lumbar vertebrae are most liable to caries, but angular projection most frequently arises from the dorsal vertebrae, as the spines are longer; and when the bodies are thrown forward from the weight of the body, the slightest tilting will throw the dorsal spinous processes upwards.

Ulceration of the bones and cartilages will go on to a great extent before matter forms, which will sometimes discharge itself at once. Generally, however, a very slight disease of bone will produce a large quantity of matter, and *vice versa*. (Sir Benjamin illustrated this fact by the case of a lady who had a piece of the great trochanter, as large as a grain of wheat, diseased, and who yet, to use his own words, "had a pocket-full of matter in the thigh.") If the matter do not discharge early and easily, it will increase and collect rapidly. In this man's case, the abscess has come forward along the psoas muscle in front of the thigh. I have met with some of these lumbar abscesses that have made their way through the abdominal ring and along the spermatic chord. Sometimes they will appear behind, passing between the sacro-lumbalis muscle and spine of the ilium. In these cases it is very difficult, from their unusual situation, to tell precisely what they are, but wherever they appear they are one and the same disease, and spring from the same cause. It is very rare, indeed, to meet with a patient having lumbar abscess after the age of 30.

The symptoms show themselves very insidiously. Sometimes there is merely pain in the loins upon stooping, with slight hectic in the evening; sometimes there is no pain; whilst, in other cases, the pain is great, and, at last, an abscess forms. Where there is no pain, the disease is generally of a scrofulous character, and the vertebrae are found, after death, to be soft, vascular, and containing either a fluid or a cheesy deposit. Where there is pain, the bone is generally affected with chronic inflammation, and there is no very perceptible change of structure, at first, either in the bone or the cartilage.

The prognosis varies. In this man the disease has progressed very rapidly. Sometimes it is very slow. A gentleman once consulted me respecting a pain in the loins from which he had suffered for ten years, and which eventually terminated in psoas abscess.

The treatment of lumbar abscess is the same as when abscess is met with in any other part of the body. I just make a free opening sufficient to let the matter run out easily, without squeezing or using pressure. If you make the opening a small one, it is liable to be blocked up by flakes of coagulable lymph, and if you only make a moderate opening, you must use pressure to evacuate the matter, which is always injurious, causing hemorrhage or inflammation of the cyst, attended with considerable constitutional disturbance, which sometimes will come on in spite of all that you can do. After opening the abscess you should keep your patient perfectly quiet, in the recumbent posture, and the abscess will gradually contract into a mere sinus. The orifice will sometimes heal, and sometimes remain open; if the former, it will be necessary to open it again, but not with so large an aperture as at first; but I prefer it to remain open. (Sir B. Brodie here recapitulated the plan pursued by the late Mr. Abernethy, which it is not necessary that we should give.) The diseased parts should be kept in perfect repose, and the constitution should be strengthened by the patient residing at the sea-side. Where, from the early stage of the disease, the patient complains of much pain, mercury and sarsaparilla will be useful, and a caustic issue in the loins may be likewise very serviceable.

With regard to this case, gentlemen, there is curvature of the lumbar vertebrae, but it has not the same appearance as these cases usually present; it is not a mere angular projection. This may turn out to be nothing uncommon; but still I am inclined to think that some difference will be found between this case and the usual ones. The tumour was supposed to be a lumbar abscess; but previous to Mr. Cutler opening it he punctured it

with a needle, and serum only came out; this proved that there was no abscess, and yet I do not doubt but that there is diseased bone. Yet serum in connection with this is, I confess, something new to me. I should not fear to puncture this if it were an abscess, but I should much fear to puncture a cyst containing serum only. Serum, you know, collects in synovial membranes, in the bursæ, and in the sheaths of the tendons, and it is possible that in this case, serum may have collected in the tendinous sheath of the psoas muscle. I have known several cases in which great constitutional disturbance followed the opening of a bursa. However this case may turn out I know not; it may be lumbar abscess, or it may be something very different from it.

ART. III.—ON THE TEMPERATURE OF THE VAGINA AND OS UTERI DURING LABOUR.

The remark of Dr. Granville,¹ that the temperature of the uterine system, during parturition, sometimes rises as high as 120° of Fahrenheit's scale, has always struck us as needing farther confirmation. We have often been impressed with the seemingly elevated temperature of the vagina under these circumstances, but have always suspected² inaccuracy in the observations of Dr. Granville, not only because the temperature he indicates is so much higher than has ever been noticed in any condition of the system, or of any organ, but because the results of our own experiments have not shown that the temperature is *really* much elevated in the cases in question.

The following results of observations made at our request by Dr. Barnes, one of the Senior Resident Physicians of the Philadelphia Hospital, Blockley, so far as they go, confirm our own. They likewise exhibit the ratio of the pulsations of the maternal and the fetal heart at the times of observation.

OBSERVATION FIRST.

Pulse.	Fœtal Heart.	Temp. within Labia.	Temp. at os uteri.
84	130	100°	100°

This is the *average* result of a series of Thermometric observations, made during a space of 25 minutes; six hours after the commencement of true labour pains, and one hour previous to the delivery of the child. The patient was in labour with her first child, of an exanguinous habit—with a hereditary predisposition to phthisis.

OBSERVATION SECOND.

Pulse.	Fœtal Heart.	Temp. at Labia.	Temp. within os uteri.
72	120	100	102

The result of a single observation made, in the case of T—— A——, 12 hours after the commencement of regular and severe, but not propulsive pains. The patient is stout and muscular—of short stature—and of intemperate habits. A few minutes after making the first observation, the pains ceased entirely, and did not recur until twenty-four hours after.

OBSERVATION THIRD.

Pulse.	Fœtal Heart.	Temp. at Labia.	Temp. within os uteri.
73	128	105	106

¹ Philosoph. Transact. for 1825, page 262; and Sir E. Homes Lect. on Compar. Anat. p. 201. Lon. 1828.

² See the Editor's Human Physiology, 3d edit. vol. ii. p. 226. Philad. 1838.

The *average* result of a series of observations made during a space of two hours, commenced 14 hours after first labour pains, and terminating with the delivery of the placenta. The patient was of a full and corpulent habit, and in labour with her first child.

BIBLIOGRAPHICAL NOTICES.

*Reese's Introductory Lecture.*¹

We have no reason to find fault with the general views on Medical Education, propounded by the author of the Lecture before us. They are sound and well expressed. He has evidently bestowed on our own observations on this matter his attention, (p. 29), and we are, of course, not displeased to observe the accordance between us on many points.²

We think, however, that animadversions may be made, without any captious feeling, on some of the sentiments that are contained in an early part of the address, in which the author treats of the disadvantages of *large* cities as regards the morals of Students. But we will permit him to speak for himself:

"The objection to large and populous cities, as being unfavourable to the prosperity of literary institutions, is becoming very general, and increasingly so; especially in relation to the overgrown Atlantic cities. The inhabitants of such cities accordingly do, for the most part, send their own sons to remote and smaller places for Academic education. And in no department do the objections lie so forcibly as in reference to Medical Institutions. The age at which young men ordinarily pursue our science is that when most of all they are endangered by the snares and vicious associations which abound in such places. The risk of forming bad habits and acquiring corrupt morals by contact with the profligacy and dissipation to which such cities too often subject the young, is inconceivably greater at the time of life in which young gentlemen are employed in attending medical lectures. So many fathers and mothers have had their gray hairs brought down to the grave in sorrow, by the ruin of their sons in large cities, during their attendance upon the duties of college life, that very many, warned by such beacons, prefer greatly the inferior advantages of smaller, and even country institutions. And to this circumstance is doubtless to be ascribed in no small degree, the success of literary institutions in all departments, which are located, like Yale and others, remote from the contaminating and corrupting influences of large cities.

But in our department, experience and observation have shown what a moment's reflection will suggest as certain, that inferior and country towns are but ill adapted to the acquisition of medical knowledge, by reason of the unavoidable lack of opportunities for acquiring practical knowledge. At the same time a medical diploma is increased in value, in the public estimation, by the character and importance of the school where it is issued. And as the name of an obscure village, however able its Faculty, requires centuries before it can lend a charm to its college, and especially as such a village can afford no facilities for practical clinical or surgical knowledge, these are regarded as valid objections to a strictly country school.

Shall we be justly chargeable with arrogance when we affirm that we

¹ Introductory Lecture delivered at the opening of the Albany Medical College, in the Anatomical Theatre, Jan. 2, 1839. By David Meredith Reese, A. M. M. D. Professor of the Theory and Practice of Physick, and Clinical medicine in said College. Published by request of the class, 8vo. pp. 44, Albany, 1839.

² See the Editor's Medical Student, p. 161. Philad. 1837.

have here found the happy medium, and that in Albany we are able to present a School of Medicine combining the advantages of both city and country colleges, without the drawbacks of either. Here we have a city, affording ample opportunities for public and private practice, which may be indefinitely extended, and whose name, as the capitol of this mighty empire, is every where and favorably known. And at the same time we are sufficiently remote from the gaudy and gorgeous allurements of vice and fashionable dissipation, which so abound in the larger commercial cities, on which account the population presents an entirely different character. Although corrupting influences doubtless exist, yet here they are not arrayed in splendid magnificence, nor are they thronged with the votaries of fashion, so as to lend a charm to vice, and offer impunity to crime, by a multitude so great as to conceal each other's deformity. Here is a population, whose general character for morality, good order and the decencies of life, can no where be exceeded, and one which is not sufficiently extensive to allow of concealment in a crowd. Here a young man will find himself universally known as a student of the college, and he may by good conduct secure personal associations which will serve to relax the tediousness of sedentary and studious habits. Self-respect will inspire motives, in such a community, to manliness, temperance and virtue, and to secure the favourable regards of that public, under whose eye he will ever find himself, because of the limited extent of the population, will be an incentive to duty and respectability."

The bent of all this is evident enough. The student must attend the Albany Medical College, because in a town of 30,000 inhabitants, his facilities for vicious indulgence cannot be as great as in one of 200,000 or 300,000! *Quod est demonstrandum!*

It has fallen to our lot to observe strange biases impressed upon the mind—sometimes of the same individual—by change of position:—"Cælum et animum mutat." One, whilst a resident in a town numbering 6 or 8000 persons, strongly argues that hospitals are of but little use as ordinarily attended by the medical student in the larger cities. The professor moves to a larger city, of 30,000 inhabitants, and then the advantages of hospital attendance become the themes of his laudation. Another resides for a time in a northern Institution, exerting all his energies to favour its onward progress, but subsequently changes his locality for one farther south, and now the rigours of a northern climate, with sundry reasons for encouraging southern Institutions, and fostering southern feelings, become topics for excited declamation. All this is unfortunate, and ought not to exist. Sentiments of the kind, if indulged, should not be expressed. They may be honestly entertained, but it is to be feared the impulse is too often communicated by more sordid considerations than attachment to the great cause of science; and whether such be the case or not, they are always liable to be suspected.

Walker on Intermarriage.¹

The author of this singular work has been known for some time by his various essays on anthropological subjects. He is not a mere chimerical

¹ Intermarriage: or the mode in which, and the causes why, Beauty, Health and Intellect result from certain unions, and deformity, disease and insanity from others; demonstrated by delineations of the structure and forms, and descriptions of the functions and capacities which each parent, in every pair, bestows on children, in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals. Illustrated by Drawings of parents and progeny. By Alexander Walker. Small 8vo. pp. 442. London, 1838.

speculatist, but an attentive observer of the laws of Nature, and a sedulous explorer of their origin and manifestations. Part of what the present publication contains is referred to in the following extract from the dedication to the late Thomas Andrew Knight, Esq. the President of the Horticultural Society of London.

One of the newly discovered laws of nature, which are announced in the work, gives to man, for the first time, a precise rule for the guidance of intermarriage in his own race, and for that of breeding among animals.

According to that law, one parent gives to progeny the forehead and organs of sense, together with the nutritive organs contained within the trunk of the body; while the other parent gives the backhead and cerebel, or organ of the will, together with the locomotive organs composing the exterior of the trunk, and the whole of the limbs.

I had no sooner announced to you the laws, and brought before you a family clearly exemplifying its operation, than the vast experience and observation which has long placed you at the head of scientific breeders, enabled you to state to me a practical circumstance both as to man and animals, which at once corroborates every portion of the law.

You stated, that if, in woman, you were shown merely a face short and round, full in the region of the forehead, and having what are commonly called chubby cheeks, but contracted and fine in the nose and mouth, you would unhesitatingly predict the trunk to be wide and capacious, and the limbs to taper thence to their extremities; and so unfailing was this indication also in regard to inferior animals, that if, in adjudging a prize, there were brought before you an apparently well-fed animal of opposite form, or having a long and slender head, you would suspect it to be crammed for show, and, as such, should be disposed to reject it.

In this your vast experience discovered a practical fact, independent of all theory—a fact constituting an unerring guide in the most important decisions of husbandry—a fact of immense extent and bearing in its various relations.

Your ready prediction of the capacity of the trunk, from a view merely of the forehead and face—these anterior parts, is a proof of so much of the law as states, that with the form of the forehead and face goes that of the nutritive organs contained in the trunk, for to these its capacity is adapted.

Regarded, moreover, even thus far, it leaves it at least probable, that the remainder of the law is equally well founded, namely, that with the form of the backhead and cerebel, these posterior parts, goes that of the locomotive organs composing the rest of the body.

Your beautiful observation, however, does much more than render this remainder of the law a mere probability. I have shown in this work, that, with the dimensions of the backhead and cerebel, go those of the locomotive system, and consequently those of the more muscular and movable parts of the face, the mouth and nose. The shortness, fineness, therefore, of the mouth and nose, mentioned in your observation, being concomitant effects of the same cause with the tapering limbs, become as sure an indication, not merely of such limbs, but of the small backhead and cerebel, as the short and round face with full forehead, were of the wide and capacious trunk. Thus that observation confirms also the remainder of the law.—p. vi.

The facts and arguments brought forward by Mr. Walker are entitled to attention, and although we may not be prepared to admit with him the existence of the various laws which he supposes, still the result of his observations are interesting to every anthropologist.

The work is preceded by a commendatory letter to the author, by Dr. Birkbeck, than whom no one is better able to judge of the scientific relations of the subject.

*Lallemand on Involuntary Seminal Discharges.*¹

The translation of this useful volume, by Dr. Wood, of Portland, Maine, will follow the work of Churchill in the "Library."

MISCELLANEOUS NOTICES.

Recovery of a New-Born Child, supposed still-born and actually buried; communicated by PROFESSOR WAGNER.—A domestic in a village had designedly concealed her pregnancy, evading all questions addressed to her upon her appearance. She slept in a room with two other servants. One day pain came on, and she was compelled to quit work. When asked what was the matter, she said she had pain in the belly, which must proceed from a cold. She probably was deceived herself as to the actual presence of labour. In the night the pains increased; and toward morning, feeling a desire to go to stool, she rose and sat on a wooden tub. The child escaped from the uterus and fell into the tub. She did not see it distinctly, but remarked that it remained motionless and uttered no cry. The navel-string was probably torn in the delivery, and she did not tie it. Finding still that the child did not cry, she concluded that it was an untimely birth, and taking the tub out of the house, carried it some distance to a sand heap, emptied the contents, and covered them with sand and gravel about a foot in depth, pressing down the mass with her hand, lest the body should be found by the dogs. She then returned to the house, where the two maids were still asleep, but awoke on her entering. One of them, who had been disturbed by her movements during the night, now remarked the traces of blood upon the floor, and asked her some questions, to which she returned a petulant answer. Their suspicions were now awakened; they followed the trace of the blood, came to the heap, uncovered it and found the child, which, on exposure to the air, began to cry. It was conveyed back to the mother, (who, meanwhile, had been delivered of the placenta,) washed and laid on the bed. An hour afterward, the mother took her infant to a neighbouring village, where her own friends lived, and there the navel string was tied. These facts were substantiated subsequently on examination of the woman by a court of justice. If true, they form probably the only instance on record of foetal life being maintained for so long a period after the separation of the placenta. Of the series of anomalies presented by this case, it is not the least remarkable that the cord could have remained so long untied, and yet no hemorrhage ensue.²

Poisonous Exhalation from decaying Potatoes. By DR. TROSCHER, of Berlin.—A poor family had piled up their store of potatoes in their room under a wide bed, where they froze in the night through the intensity of the cold, but thawed in the day from the heat of the stove, and in this changing temperature soon spoiled. One day, the children were directed to cull out the rotten potatoes, and for this purpose turned up the heap with small sticks; soon after, five of the inmates of the room were seized with vertigo, headach, and vomiting. This was attributed to the heat of the fire; the windows were opened, and the patients recovered. Another day, however, the stove remained cold for want of fuel, and still the same accidents were renewed with the same intensity, as soon as the children resumed their occupation. The ventilation of the room, by opening the window, again

¹ Des Pertes Seminales Involontaires, par M. Lallemand, Professeur à la Faculté de Médecine de Montpellier, 8vo. pp. 312. Paris, 1836.

² Med. Zeit. v. Vereine f. Heilk. in Preus. 1838, No. 3.

brought relief. Probably this poisoning of the air was owing to the carbonic acid gas which was extricated from the decaying mass. [?]¹

Hoarseness of Six Months' Duration. By the court physician, DR. ZÜCKER, of Saxenburg.—A well built man, 54 years of age, of apoplectic constitution and phlegmatic temperament, contracted a hoarseness in consequence of a chill supervening on perspiration. This, being without pain, he disregarded, until, at the end of fourteen days, it had increased to such a degree, that the patient could only speak in a low tone, and then with great effort. Resolutive measures were now resorted to, but without advantage. The patient sought aid from several physicians, followed the advice given with punctuality, but found no improvement. After going on in this manner for six months, he at length applied to Dr. Z. in September, 1832. To him he stated that he had formerly suffered from hepatitis, and had been compelled to resort repeatedly to the waters of Pullnaw. Dr. Z. found on the neck the marks of the leeches, blisters, &c. employed in the treatment, but could detect nothing within the throat, except a softening of the parts. He concluded, therefore, that the hoarseness was in part owing to a sympathetic affection of the larynx, consequent on the hepatic disease, and partly to relaxation of the chordæ vocales. In this view, he ordered one grain of calomel, with four of crab's eyes, to be taken morning and evening; and the surface of the neck to be irritated by aromatic ammoniated ointment. Under this treatment, the hoarseness began to yield on the sixth day, and disappeared wholly by the twelfth, so that the patient recovered his natural voice. Dr. Z. tried the same treatment with like success on a female patient, 42 years of age, whose voice had been lost for seven weeks.²

On the Internal Employment of Nitre in Inflammatory Affections of the Chylopoietic and Uropoietic Viscera. By DR. CAMERER, of Langenau.—Dr. C. finds, in opposition to high authority, that in inflammations of the stomach and alimentary canal, this substance may be administered not only without injury, but with the best effect, provided the precaution be taken to employ a solution of gum Arabic and similar demulcents, in order to sheathe the mucous surface from its irritant action.³

Amaurosis suddenly induced and as suddenly removed. By DR. OLLENROTH, of Bomberg.—A healthy, strong, corpulent woman, of about 30, had, during the presence of the catamenia, greatly heated herself in dancing, and then walked a mile homeward through the rain without sufficient protection from the weather. Immediately on entering the house, she felt severe head-ach and pressure upon the forehead, and remarked that the catamenia had ceased to flow; that she was perfectly blind of both eyes, and unable to distinguish light from darkness. Dr. O. examined the eyes about fourteen hours after. He found the pupils black and shining, and so much dilated that the brown iris appeared to have lost half its breadth. The pupils were insensible to the strongest light, and exhibited the true amaurotic mydriasis, but were neither angular, nor jagged in their contour, nor in any manner distorted. The sense of pressure upon the eyeball, the dull pain in the forehead and temples, the full and flushed countenance, and the sudden check of the menses under the circumstances above mentioned, together with the absence of any other proximate cause, betrayed the congestive character of this amaurosis. Convinced, therefore, of the nature of the malady, Dr. O. had the patient immediately bled in both arms, ordered twelve leeches to the neck, an equal number to the inside of the thighs, sinapisms between the shoulders and to the calves of the legs, and a strong foot-bath containing mustard and vinegar. The patient's head was kept

¹ Med. Zeit. v. Vercine f. Heilk. in Pr. 1838, No. 7.

² Med. Jahrb. des k. k. Oester. Staates. 22 Bd. 3 St.

³ Med. Corres. Blatt. d. Würt. Arzt. Vereins, Bd. vii. N. 45.

constantly covered with cold fomentations; the compound infusion of senna, with nitre, given every two hours, and abundance of cold drinks administered. The symptoms yielded to this treatment as promptly as they had commenced. At the end of eight hours, the sight of the patient was fully restored, her pupils assumed their normal appearance, and became sensible to light. Even the dimness of sight which usually remains after the disappearance of amaurosis was not present—a circumstance due, no doubt, to the short duration of the disease, and its rapid removal. It is also worthy of remark, that the menses recommenced after one hour's employment of the remedies, and flowed regularly. The debility consequent on the depletion was of short duration, and required no treatment.¹

Treatment of Spermatorrhœa. CASE 1. A young man, æt. twenty-three, suffered both bodily and mental debility from involuntary discharge of semen every night. Antiphlogistic remedies, and subsequently tonics, were employed without any benefit. The extract of lettuce, prepared in the manner recommended by M. Caventou, was given in doses of from two to eight grains daily. The amelioration was rapid, and the patient was completely cured in a fortnight.

CASE II. A similar case was treated with like success with camphor, in the following formula:—Twenty grains of camphor dissolved in almond oil, and made into twenty pills, by means of gum arabic. One was taken every night, and every fourth day the dose was increased by one pill, until four pills were taken daily. The spermatorrhœa, which had existed during three years, and which had resisted various medicines, completely ceased in eight days after taking the above pills, which were continued eight days more, and the cure was complete.²

A Statistical Enquiry on Fever, being an attempt to ascertain the prevalence, susceptibility, intensity, and prognosis, with some observations on the influence of Medical Treatment. By ARTHUR SAUNDERS THOMSON, M. D. &c.—This is a very elaborate paper, and most creditable to the ingenuity and industry of the author. We can only find room for the "Concluding Results," which are as follows:

1. That the annual ratio of deaths from fever in London, have decreased since the commencement of the eighteenth century.
2. That the susceptibility to be attacked by fever is greatest among individuals under ten years of age, and from twenty to thirty.
3. That the period of life during which the highest ratio of mortality occurs from fever, is from forty to fifty.
4. That there is no very apparent difference in regard to one sex being more susceptible to fever than the other.
5. That the annual ratio of deaths by fever is nearly twice as great among the male as the female population.
6. That there is about one death for every fifteen persons attacked by fever.
7. That the intensity of fever increases with the age of the patient about thirty-four per cent. every decennial advance in life.
8. That attacks of fever are one-third more intense among males than females.
9. That fever is most prevalent from July to December, inclusive.
10. That the intensity of fever is much greater during January, February, March, April, and May, than at any other part of the year.
11. That during those months, fever is most prevalent, the temperature and quantity of rain is considerably greater than during those months fever is not so prevalent.
12. That, during those months fever is most intense, the temperature and quantity of rain is comparatively low.
13. That medical treatment has a powerful effect in lessening the danger or number of deaths from fever.
14. That early medical treatment shortens the duration of fever.
15. That the mean duration of fever among individuals under forty is shorter than among those above that period of life.
16. That the general prognosis of fever is favourable, there

¹ Med. Zeit. v. Vereine f. Heilk. in Pr. 1837, No. 52.

² Gazette des Hôpitaux, No. 52, 1838. British and For. Med., Oct. 1838.

being fourteen chances to one that the patient will recover. 17. That the prognosis of fever becomes less favourable as the patient is advanced in life, the intensity of the disease being nearly twice as great at forty-one years of age as at twenty-one. 18. That the prognosis of fever is one-third more favourable among females than males. 19. That the prognosis of fever is more favourable from June to December than from January to June. 20. That the prognosis of fever is one-half more favourable among patients who come under medical treatment before the seventh day of the disease, than those who are admitted at a later period. 21. That the prognosis of fever is unfavourable when there are cerebral or thoracic complications. 22. That the second week of fever is the most dangerous. Out of a thousand cases passing through this week eighty-two died.¹

On the Efficacy of Pressure in certain Cases of Venereal Phagedænic Ulceration. By HUGH CARMICHAEL, A. M., Member of the Royal College of Surgeons in Ireland.—[This is a valuable practical paper, and recommends a mode of treatment, in a most untractable affection, which we doubt not will be found frequently, if not generally, beneficial. Surgeons who have been in the habit of witnessing the excellent effects of pressure in cases of inflamed testicle, erysipelas, and ulcers of the legs, will have no difficulty in admitting the probability of advantage from the extension of the practice to phagedænic syphilitic ulcers. The following extract from Mr. Carmichael's paper, contains the general views of the author, and an account of the mode of applying the pressure: they are illustrated by the detail of four cases.—*Eds. Br. and For. Med. Rev.*]

Great irritability being one of the most prominent features of the disease, I was induced to imagine that pressure (an agency used with so much benefit in ill-conditioned, unmanageable ulcers generally, where morbid sensibility is a very leading character,) might probably, in these, be likewise adopted with some advantage: it was accordingly tried in a case that occurred to me of the most hopeless description, where all the varieties of treatment now generally employed, were resorted to without effect, the disease progressing, and rapidly destroying the part; and the success which attended it was so decided, that I have used it in several others, and with such benefit as to establish it, in my mind, as a method highly deserving of attention in these cases. The great obstacle I have experienced in its use, is the occasional difficulty of its application, so as to bring the diseased part decidedly under its influence: by a little dexterity, however, we may in most instances, succeed in doing so, the operation sometimes requiring more management than at others. The mode of affecting it, of course, will vary according to the part the ulcer to be compressed is situated on: when on the glands or body of the penis, strips of adhesive plaster are the means I have adopted, looped, by passing one of the tails through a slit in the other; the penis is then to be introduced into the loop, and, the ulcer being brought into its bearing, it may be tightened at pleasure; the tails are to be then firmly wound round the penis, and secured. When on other parts, as the forehead, or places similarly circumstanced, pressure may be more easily and decidedly commanded; while on others it may, perhaps, be more difficult to effect it; yet by management, I think, with very few exceptions, it can be accomplished in all. On some occasions, when the required pressure should be more decided, I have employed slips of sheet-lead, placed over any appropriate dressing, and included in the loop. This substance, from its pliant nature, admits of being easily moulded into any form, and can readily be shaped so as to produce effectual compression upon the ulcer. Indeed, I think that the beneficial effects to be derived from pressure, particularly in ulcers, is not so much from the degree of tightness with which it is used, as in the application of a solid, unyielding substance to the surface, probably thereby inducing the absorption and removal of such diseased surface; and, for the reason

¹ Edinburgh Med. and Surg. Journal, July 1, 1838. Brit. and For. Med. Oct. 1838.

just stated, sheet-lead I have found to answer best for that purpose. With respect to the time required for its continuance before its full effects were obtained, it was various: sometimes a few days changing the entire character of the ulcer, from an ill-conditioned, spreading sore, to one of a florid, healthy aspect, with contracting boundaries; while, on other occasions, it required a longer continuance; but in all the amendment was so evident after the second or third day, as decidedly to manifest its salutary influence, and give assurance of a favourable result. In some instances I have been enabled, by means of it alone,* to perfect the healing of the ulcer, unaided by any other measures; while in others, (and these the greater number,) its phagedænic nature was only removed; a morbid diathesis still remaining, which appeared incapable of being overcome entirely without more active remedies. In these latter, I found mercury to serve all the purposes required; the phagedænic character being first subdued, the regenerated sore rapidly disappearing under its influence, when the system became engaged by it: indeed, it would seem as if its use were necessary in them to complete the cure. In the case in which I employed it, no other means were adopted, and in all it was successful,—I mean so far as subduing the phagedænic disposition: some, however, no doubt, may occur where it could not be used alone, or in the first instance; for example, if great inflammation were present, leeching, with a view to the subduing it, according to the suggestions of Mr. Richard Carmichael, who has advised local bleeding in these cases, would, I think, first be necessary; and other circumstances might also be attendant upon it, requiring appropriate remedies before submitting it to pressure: these, however, could only be regarded in the light of preparatory steps, previous to the employment of this latter measure, and which must be considered that whereby effectual benefit is to be obtained: perhaps there may be cases where it would be productive of no advantage, or altogether inadmissible.¹

On the Use of the Essential Oil of Turpentine in Diseases of the Eye. BY DR. A. TRINCINETTI.—The author's experience induces him to place great confidence in the oil of turpentine in the slow and deep-seated inflammations of the eye, especially in those that do not yield to antiphlogistic measures. Cases are given, proving its utility in chronic inflammation of the iris or ciliary bodies, and in incipient gangrene of the cornea, all of these following the operation for cataract; in the chronic stage of rheumatic iritis, or even in the outset, if it be mild; in traumatic iritis, ulcers of the cornea, onyx and incipient glaucoma. The oil should be administered in emulsion, the dose varying from half a drachm to four drachms daily.² The phenomena generally following its use are, diminution or cessation of pain, a sense of general comfort, contraction of the vessels, with gradual disappearance of the inflammatory fulness and lachrymation; the easy dispersion of the matter effused into the anterior chamber, or between the lamellæ of the cornea. Occasionally a sensation of weight and burning in the stomach, especially after full doses, was felt, and in some rare cases was sufficiently troublesome to prevent the further administration of the drug. Instead of producing a purgative effect, it caused constipation; the urine became abundant, of violet odour, was passed without pain, and deposited a reddish sediment.³

Memoir on Typhlo-Enteritis, or Inflammation and Perforative Ulceration of the Cæcum and Appendix Vermiformis. By JOHN BURNE, M. D., Physician to the Westminster Hospital. (Read before the Royal Medical and Chirurgical Society, Nov. 27, 1838.)—The author of this paper laid a memoir on the same subject before the society in May, 1836, (vide vol. xx.

¹ Dublin Journal, Sept. 1838. British and For. Med., October, 1838.

² The best formula for its exhibition is that proposed by Mr. Carmichael in 1829.

³ Giornale delle Scienze Med. Chir. No. 26, Agosto, 1836. British and For. Med. Oct. 1838.

"*Med. Chir. Trans.*")¹ to which latter the present might be considered a supplement. The author commenced his second memoir by some observations, anatomical and physiological, on the causes and the comparatively pretty frequent occurrence of tumphlo-enteritis. He was of opinion that the ordinary result of spontaneous inflammation of the cœcum was resolution, but that perforation of the intestine was a consequence to be looked for in most cases in which the inflammation depended on an irritating substance impacted in the appendix. The cure of tumphlo-enteritis, by resolution, was then illustrated by particulars of three cases, the author insisting strongly on the use of mercurials and saline aperients as the best remedies, in addition to local blood-letting. The history of perforative disease of the appendix especially was then entered on. The author first pointed out the great variety of local relation for which the appendix was remarkable, the organ varying much in its place of origin, in its length, in its position, and presenting, in consequence, much embarrassing variety in its apparent seat and symptoms. Four cases were then given of tumphlo-enteritis, arising from perforation of the appendix, of which three were verified by dissection. The author then made some remarks on the diagnosis between spontaneous tumphlo-enteritis and that occasioned by disease in the appendix, in which he held that, in the former, when the bowels were relieved, amendment usually followed; whereas, in the tumphlo-enteritis, from diseased appendix vermiformis, no such benefit could be expected to follow purgation without the removal of the irritating substance. After, then, detailing a case of tumphlo-enteritis of the latter kind, the author made some observations on the literary history of the disease. The author, in the first place, stated, that he had in his former paper omitted, inadvertently, to make due acknowledgments to Dr. Copland, as an author, who had, in his Dictionary, given "extensive information on the diseases of the cœcum," and then proceeded to criticise the statements and opinions of several other previous writers, foreign and domestic, with a view to show that they had misapprehended the facts they had observed; viz. Dupuytren, Husson, Meniere, Dance, Loyer, Pouceau, and Villernay, in France, and Mr. Ferrali, in Ireland. The author then stated, summarily, his own views as to the causation of tumphlo-enteritis, viz. 1. Local accumulations in the cœcum. 2. Presence of worms, concretions, &c. 3. Previous chronic disease of the cœcum. 4. Perforation of the cœcum or appendix. The author then made further observations on the diagnosis of tumphlo-enteritis in general, and on its varieties in particular, and concluded his paper by a numerical analysis of twenty-one cases of tumphlo-enteritis that had fallen under his own observation. Of these eight died; nineteen were acute; eleven were simple inflammation of the cœcum, and all recovered. Two were chronic disease of the cœcum, and both fatal. Six were instances of perforation of the appendix, of which five were fatal. One was perforation of the cœcum from within, and recovered; one was inflammation of the appendix, with peritonitis, and was fatal. Sixteen were males; two were under ten, and three over fifty, and the rest distributed over the intervening years. Six were gentlemen, the others of the labouring class; most occurred in autumn and the beginning of winter.

Dr. Bright said, that the disease described in the paper was by no means an uncommon one. Within the last month he had seen two cases in which it occurred; in one of these patients, who died of inflammation and abscess of the liver, disease of the cœcum was not even suspected. On examination an abscess was found, arising from perforation of the appendix vermiformis, which, with the exception of about a quarter of an inch, was contained in the abscess. In the other case an abscess had formed about the head of the cœcum, which, bursting, had produced general peritoneal inflammation, from some of the contents escaping into the peritoneum. In this case there was a tumour during life, in the region of the cœcum. Such cases were by no means unfrequent.

¹ See the last volume of the "*Library*."—*Ed.*

Dr. Burne had, since the paper which had been read was sent to the society, seen a case in which the appendix vermiformis was situated in the pelvis, the first case of the kind he had ever seen. In this instance there was abdominal inflammation with obstruction. Pain was referred to the region of the navel, and underneath this was a hardness; these symptoms were relieved, but occurred again, and the patient perished. It was supposed here that the peritoneum was perforated. Ulceration of the ileum was detected at the exact point to which the pain, during life, had been referred. Nothing was observable in the colon; the appendix was found disorganised and hanging into the pelvis, all the contents of which were inflamed. The situation of the appendix vermiformis varied so much in different individuals, that the pain, when this organ was diseased, would, of course, be so differently located, that it was difficult, sometimes, to conjecture that the cæcum was diseased. Cases of cæcal disease were very common; they would be found much more constantly than they were at present, if attention was more particularly directed to them.¹

Perforation of the Umbilicus by Worms. By Dr. BRENNER, Knight of Felsach, in Upper Austria.—A scrofulous child, three years of age, had for some time exhibited all the signs of worms. At length the abdomen became tumid and painful on motion, and the enlarged glands could easily be felt. In view of the inflammatory symptoms, Dr. B. ordered leeches, emollient cataplasms, and baths, and afterward calomel, which appeared to cause rejection of the worms and some alleviation of the symptoms. After some days the sensibility of the abdomen returned, the navel protruded, and at length burst. From the opening, which was of the size of a quill, were discharged feces and some round worms. Under the action of medicine still more were ejected through the same channel. Dr. K. directed fomentations of bran for some weeks, on which the opening closed, and the child recovered.²

Medical College of the State of South Carolina.—The printed catalogue informs us, that there are attending lectures in this institution 151 students: of whom 126 are from South Carolina; 9 from Georgia; 6 from North Carolina; 5 from Alabama; 3 from Florida; 1 from Louisiana; and 1 from Havana.

BOOKS RECEIVED.

From the Author.—Annual Address to the College of Physicians and Surgeons of Lexington, in which the Principles and Practice of Medical Ethics are illustrated and urged as essential to the welfare of the Profession; delivered in the Medical Hall, Jan. 1, 1839. By Thomas D. Mitchell, M. D., Professor of Materia Medica and Therapeutics in the Medical Department of Transylvania University, President of the College of Physicians and Surgeons, &c. Published by request of the College and the Medical Class. 8vo. pp. 32. Lexington, Ky. 1839.

From the Author.—A History of the New York Kappa Lambda Conspiracy. (Tempus omnia revelat). 8vo. pp. 32. New York, 1839.

From the Publishers.—The Principles of Diagnosis. By Marshall Hall, M. D., F. R. S. L. and E. &c. Second American Edition, with Notes; by John A. Swett, M. D. 8vo. pp. 458. New York, 1839.

From Prof. Frost.—Introductory Lecture, delivered at the opening of the Medical College of the State of S. C., Nov. 12, 1838. By Professor S. H. Dickson, M. D. Published by the Class. 8vo. pp. 20. Charleston, 1838.

From the same.—Catalogue of the Students attending Lectures in the Medical College of the State of South Carolina, session 1838-39. 8vo. pp. 8. Charleston, 1839.

¹ Lancet, Dec. 8, p. 416.

² Med. Jahr. des k. k. Osterr. Staat. B. xxii. S. 1.